

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006601

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 002

Registrar's No.

1010

FILED MAR 7 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Platte

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kansas City

Length of stay in 1b

1 Month

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Research Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Route 4 Box 65

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

BEN

Middle

B.

Last

MC BRIDE

4. DATE OF DEATH

Month

February 19, 1962

Day

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

## 8. DATE OF BIRTH

5-6-1891

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired -

Mc Bride Personnel Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Emporia, Kansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

John W. Mc Bride

## 13b. MOTHER'S MAIDEN NAME

Mary L. Sutton

## 14. NAME OF HUSBAND OR WIFE

Carmen Mc Bride

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W. W. I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Carmen Mc Bride

K. C. Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (a)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

Recent

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 18 - 62

to

Feb 19 - 62

and last saw

her

him

alive on

2/18/62

Death occurred at

1:30

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2-22-62

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

## 23d. LOCATION (City, town, or county)

Kansas City, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary Kansas City, Mo.

## 25. DATE RECD. BY LOCAL REG.

2-20-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

In Trappe  
6247 Burkhardt  
DE 3-0028  
2-4-30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*F. T. Freeman*

Licensed Embalmer No. 2939

P. O. Address F. O. Trappe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.